

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Julian Montesino

COURT CASE NUMBER

C.A. 05-10319-RWZ

DEFENDANT

BRUCE CHADBORNE Dist. Director IN 5-31

TYPE OF PROCESS

CIVIL CASE

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ATTORNEY GENERAL DEPARTMENT OF JUSTICE

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

950 PENNSYLVANIA AVE. WASHINGTON D.C. 20530-0001

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

☐ Julian Montesino #W83813
P.O. Box 43
Norfolk, MASS. 02056

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

1

Check for service on U.S.A.

2005 MAR -3 P 2:11

RECEIVED
U.S. MARSHAL SERVICE
BOSTON, MA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Julian Montesino
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

3-2-05**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicate 1.
 (Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No.

38

District to Serve

No.

38

Signature of Authorized USMS Deputy or Clerk

Rosey Salazar

Date

3/3/05

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

3/8/05 Service by Cert Mail

(10)

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

UNITED STATES DISTRICT COURT

District of

MASSACHUSETTS

JULIAN MONTESINO

Plaintiff

V.

BRUCE CHADBOURNE, ET AL.,

Defendants

SUMMONS IN A CIVIL CASE

CASE

C.A. 05-10319-RWZ

TO: (Name and address of Defendant)

IMMIGRATION AND NATURALIZATION SERVICE ("INS") CUSTOM SERVICE.

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

JULIAN MONTESINO (PRO SE)

* or file an answer or responsive pleading within the time period otherwise required by the Federal Rules of Civil Procedure.

an answer to the complaint which is herewith served upon you, 20* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



WILLIAM RUANE, ACTING CLERK

CLERK

2/24/05

DATE

(By) DEPUTY CLERK

Rebecca Greenberg

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total

Postmark
Here

Sent

Street
or P.O.

City

US ATTORNEY GENERAL
DEPARTMENT OF JUSTICE
950 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20530

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

US ATTORNEY GENERAL
DEPARTMENT OF JUSTICE
950 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20530

2. Article Number

(Transfer from service label)

7002 0510 0004 1359 3372

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAR 8 2005

D. Is delivery address the same as item 1? ☐ Yes
(If YES, enter delivery address below) ☐ NoUSPS
SCREENED

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes